PTO/SB/06 (08-03)
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	PA	ATENT A	PPLICATI	ON EEE DE	required to respon	d to a collection of	nformation u	nless it disp	lays a valid OMB	control number	
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Applic	Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							ENTITY	OR	OTHE SMALI	R THAN ENTITY	
FOR NUMBER FI			NUMBER FILI	ED NU	IMBER EXTRA	RATE	cer				
(37	SIC FEE CFR 1.16(a))	-		- ·····		KAIE	FEE	-	RATE	FEE	
TOTAL CLAIMS					╡ ├──	\$	OR		740		
INE	CFR 1.16(c)) DEPENDENT CL	AIMS 5	minu:	20 = •	12	X \$=		OR	× \$ 1 8 =	216	
(37	(37 CFR 1.16(b)) 3 minus 3 =				x \$=		OR	X \$=			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$=		
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	956	
CLAIMS AS AMENDED - PART II											
9,06,02										R THAN	
 	CLAIMS			(Column 2	(Column 3)	SMALL	ENTITY	OR ¬		ENTITY	
AMENDMENT A	Total	REMAIN AFTE AMENDN	VING ER MENT	NUMBER PREVIOUSL PAID FOR		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	(37 CFR 1.16(c)) Independent	36) Minus	32	0	x \$=		OR	x \$ =		
	(37 CFR 1.16(b))		Minus	3	- D	x \$=		ÓR	× \$ =		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)).					+\$ =		OR			
						TOTAL ADD'L FEE		1	+ \$ = TOTAL	····	
		(Column	1)	(Column 2) (Column 3)	VDDFLEE		OR	ADD'L FEE	-	
AMENDMENT B		CLAIM: REMAINI AFTER	S NG	HIGHEST NUMBER PREVIOUSLY	PRESENT	RATE ·	ADDI-		RATE	ADDI-	
	Total	AMENDM	ENT Minus	PAID FOR			TIONAL FEE			TIONAL FEE	
	(37 CFR 1.16(c))	ļ	Minus	***		X \$=		OR	x \$=		
ME	(37 CFR 1.16(b))	<u> </u>	Willias		. =	=		OR	x \$=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$ =		
								OR	TOTAL ADD'L FEE		
		(Column 1)	(Column 2)	(Column 3)	,			_		
뉟		CLAIMS REMAININ AFTER AMENDME	lG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	· ADDI- TIONAL	
	Total (37 CFR 1,16(c))	•	Minus	**	=	x \$ =	FEE			FEE	
	independent (37 CFR 1.16(b))	*	Minus	***	=	X \$ =		OR	X \$=		
8	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CER 1 16/4))							OR	X \$=		
TOTAL								OR L	+ \$ = TOTAL		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 4.											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.